



AMERICAN ASSOCIATION FOR NUDE RECREATION SOUTHWESTERN REGION

RESORT OR CLUB DELEGATE CERTIFICATION

RESORT OR CLUB NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

NAME OF DELEGATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

This form must be completed and signed by the Certifying Officer of the AANR Resort or Club and submitted to the AANR-SW Recording Secretary.

This Certification shall remain in effect until superceded by a later Resort or Club Delegate Certification submitted to and received by the AANR-SW Recording Secretary.

I hereby certify that the above named Delegate was duly elected or appointed to serve until further notice as the Delegate for (name of resort or club):

_____.

DATED: _____, 20____.

CERTIFYING OFFICER:

Signature

Name Printed